

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS
See MPEP Chapter 600 concerning utility patent application contents.

1	<input checked="" type="checkbox"/>	Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)
2	<input checked="" type="checkbox"/>	Applicant claims small entity status
3	<input checked="" type="checkbox"/>	Specification [Total Pages 21]
4	<input checked="" type="checkbox"/>	Drawing(s) (35 U.S.C. 113) [Total Sheets 11]
5		Oath or Declaration [Total Pages 2]
a.	<input type="checkbox"/>	Newly executed (original or copy)
b.	<input checked="" type="checkbox"/>	Copy from a prior application (37 CFR 1.63(d))
i.	<input type="checkbox"/>	DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)
6	<input type="checkbox"/>	Application Data Sheet. See 37 C.F.R. 1.76
7	<input type="checkbox"/>	CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8	Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>	
a.	<input type="checkbox"/>	Computer Readable Form (CRF)
b.	<input type="checkbox"/>	Specification Sequence Listing on:
i.	<input type="checkbox"/>	CD-ROM or CD-R (2 copies); or
ii.	<input type="checkbox"/>	paper
c.	<input type="checkbox"/>	Statement verifying identity of above copies

Attorney Docket No. 56196.C1 / 4489.0

First Named Inventor William Luther HAGGARD, Jr.

Title BANNER DISPLAY SYSTEM

Express Mail Label No. EV 327 364 475 US

ADDRESS TO:
Commissioner for Patents
Mail Stop PATENT APPLICATION
P.O. Box 1450
Alexandria, VA 22313-1450

18837 U.S.66666
10/10/03

07/10/03

ACCOMPANYING APPLICATION PARTS

9	<input type="checkbox"/>	Assignment Papers (cover sheet & document(s))
10	<input type="checkbox"/>	37 CFR 3.73(b) Statement <i>(when there is an assignee)</i>
11	<input type="checkbox"/>	English Translation Document (<i>if applicable</i>)
12	<input checked="" type="checkbox"/>	Information Disclosure Statement (IDS)/PTO-1449
13	<input checked="" type="checkbox"/>	Preliminary Amendment
14	<input checked="" type="checkbox"/>	Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>
15	<input type="checkbox"/>	Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>
16	<input type="checkbox"/>	Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent
17	<input type="checkbox"/>	Other:

18. If a CONTINUATING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment:

 Continuation Divisional Continuation-in-part (CIP) of prior application No. 09/881,496

Prior application information: Examiner Cassandra Hope Davis

Group / Art Unit: 3611

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

Customer No. 000408 or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below

Name	LUEDEKA, NEELY & GRAHAM, P.C.				
Address	P.O. Box 1871				
City	Knoxville	State	Tennessee	Zip Code	37901
Country	U.S.	Telephone	865-546-4305	Fax	865-523-4478
Name (Print/Type)	ROBERT O. FOX			Registration No. (Attorney) 34,165	
Signature	<u>—o—</u>			Date July 10, 2003	

FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) **375.**

Complete If Known

Application Number			
Filing Date	July 10, 2003		
First Named Inventor	William Luther HAGGARD, Jr.		
Examiner Name	Cassandra Hope Davis		
Group / Art Unit	3611		
Attorney Docket No.	56196.C1 / 4489.0		

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account No. **12-2355**

Deposit Account Name:
LUEDEKA, NEELY & GRAHAM

Change any additional information in U.S.P.T.O. 37 CFR 1.16 and 1.17

2. Payment Enclosed: **Check No. 48755**

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
101	750	201	375	Utility filing fee	375.
106	330	205	165	Design filing fee	
107	520	207	260	Plant filing fee	
108	750	208	375	Reissue filing fee	
114	160	214	80	Provisional filing fee	
SUBTOTAL (1)		(\$)		375.	

2. EXTRA CLAIM FEES

Total Claims $6 - 20^{**} = 0$ X $0 = 0$

Independent Claims $3 - 3^{**} = 0$ X $0 = 0$

Multiple Dependent Claims $* or number previously paid, if greater$ X =

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
103	18	203	9	Claims in excess of 20	
102	84	202	42	Independent claims in excess of 3	
104	280	204	140	Multiple dependent claim	
SUBTOTAL (2)		(\$)		0	

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)		
105	130	205	65
127	50	227	25
139	130	139	130
115	110	215	55
116	400	216	200
117	920	217	460
118	1,440	218	720
128	1,960	228	980
119	320	219	160
120	320	220	160
121	280	221	140
138	1,510	138	1,510
140	110	240	55
141	1,280	241	640
142	1,280	242	640
143	460	243	230
144	620	244	310
122	130	122	130
123	50	123	50
126	180	126	180
581	40	581	40
146	740	246	370
Other fee (specify)			
*Reduced by Basic Filing Fee Paid			
SUBTOTAL (3)		(\$)	
		0	

SUBMITTED BY

Typed or Printed Name **ROBERT O. FOX** Registration No. **34,165**

Signature  Date **July 10, 2003**